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Substitute for form 1449A/PTO					Complete if Known				
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INFORMATION DISCLOSURE STATEMENT BY APPLICANT					Filing Date	2178			
					First Named Inventor				
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					Examiner Name				
Sheet	1		of.	2	Attorney Docket Number	AFOLI69/AMDP975US			

			U. S. PATENT			
Examiner Initials*	Cite No. ¹	Document Number Number-Kind Code ^{2 (Fincing)}	Publication Date MM-OD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	
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No. Cite Foreign Patent Document Foundable (Figures Appear)

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Tourist Ltd., et al.

Examiner Signature Date Considered 3/18/05

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